The SMO on an LHD Class Ship

CDR Chris Culp
Senior Medical Officer
USS KEARSARGE (LHD-3)

The LHD Medical Department

Medical Capabilities

- OR
- Ward
- ICU
- Lab
- XRAY
- Pharmacy
- Consult Rooms
- Triage Spaces
- Blood Bank

Operating Rooms

- 6 ORs (4 fully functional, 2 modified)
- Modern, well appointed
- Support full range of surgical specialties

Intensive Care Unit

- 17 Beds (really)
- Each capable of ventilator support and full monitoring
- Functions as pre-op and recovery
- BUT: Only 5 vents (3 on some) and O2 supply limited, finite # of lines

Ward

- 46 bed med / surg ward
- 6 quiet room beds
- provided as 2 high bunks with 360 degree access
- no isolation capability

Radiology

- 2 Stationary Picker suites
- 3 Portable units
- 1 Portable ultrasound

- Transitioning to digital imaging
- No interpretive skills

Lab

- All basic chemistries (Na+ to CPK mb)
- CBC / diff
- ABG
- Cultures, sensitivities, GM stains
- Coagulation studies
- Type and Cross
- Some serology
- (everything a clinic wouldn’t send out)

The most common lab test done on KSG the 1st 3 months of 1999??

HCG!

SEP 22 2000

Blood Bank

- 800 units of frozen blood (10 year life)
- 6 units fresh blood
- Phibron Medical Officer owns (blood is Phibron asset)
- Walking blood bank

Pharmacy

- Large well stocked pharmacy
- AMAL limited, extra supply supports at sea medicine, not combat. Would be weak point in large atypical operation
- holes exist

Casualty Receiving

- Large flight deck triage
- Smaller sorting area in main medical
- 36 trained stretcher bearers
- Medical equipment pre-positioned around ship (15 PMLs, 90 First Aid Boxes, BDSs, gun bags, decon lockers)
- All ships vary - newer ≠ better

LHD and LHA Casualty Receiving

LHA2

LH

Other Spaces

- Sick Call
- 3 BDSs
- Storerooms
- audiometry
- eye station
- PT room
- Cast room

II Staffing

- Intrinsic to ship
- FST
- M+1
- Other (sprint, MMART, specific support)

LHD Medical Billets

- SMO (CDR, specialist)
- JMO (Lt, GMO)
- MSC Officer (Lt)
- IDC (E7 or E8)
- 16 Corps staff
- ?? Nurse ??IH

LHD Corps Staff Distribution

- Quad 0 (Many)
- BMET (1)
- OR Tech (1)
- Xray Tech (1)
- Adv. Lab Tech (1)
- Med Admin Tech (1)
- AVT
- Pharmacy Tech
- PMTs (2)
- (No CVT, RT or anesthesia tech)

FST Staffing

- OIC (wild card, not medical asset)
- MRCO (also a PHIBRON asset)
- 1 General Surgeon
- 1 ICU physician
- 1 ICU Nurse
- 1 OR Nurse
- 1 anesthesia provider
- 8 corpsmen

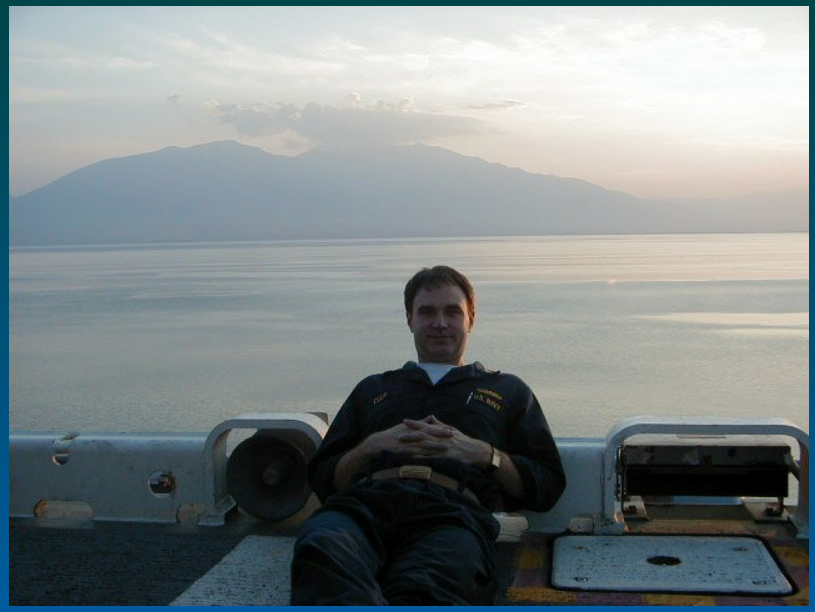
M+1 Staffing

- 84 additional bodies give full range of surgical, ward and ancillary support
- Homeless

SEP 22 2000

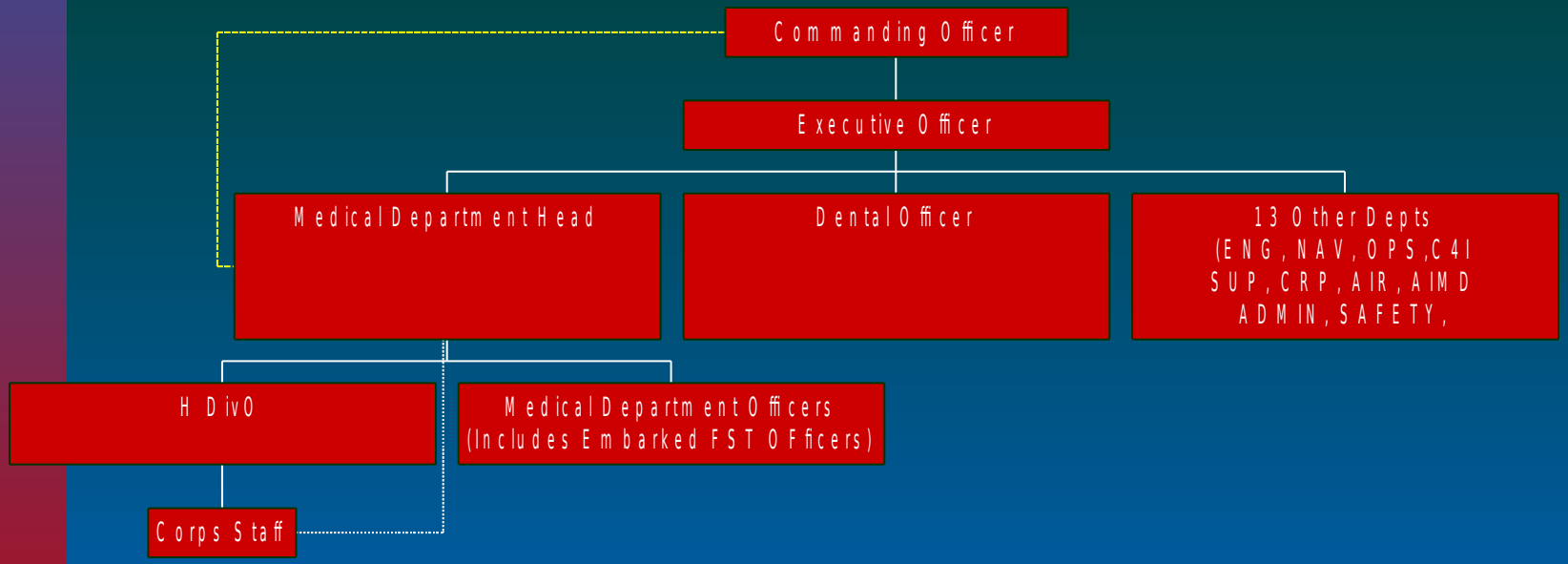
The Large Deck SMO

- Major department head (COC)
- Ship's physician (outside COC)

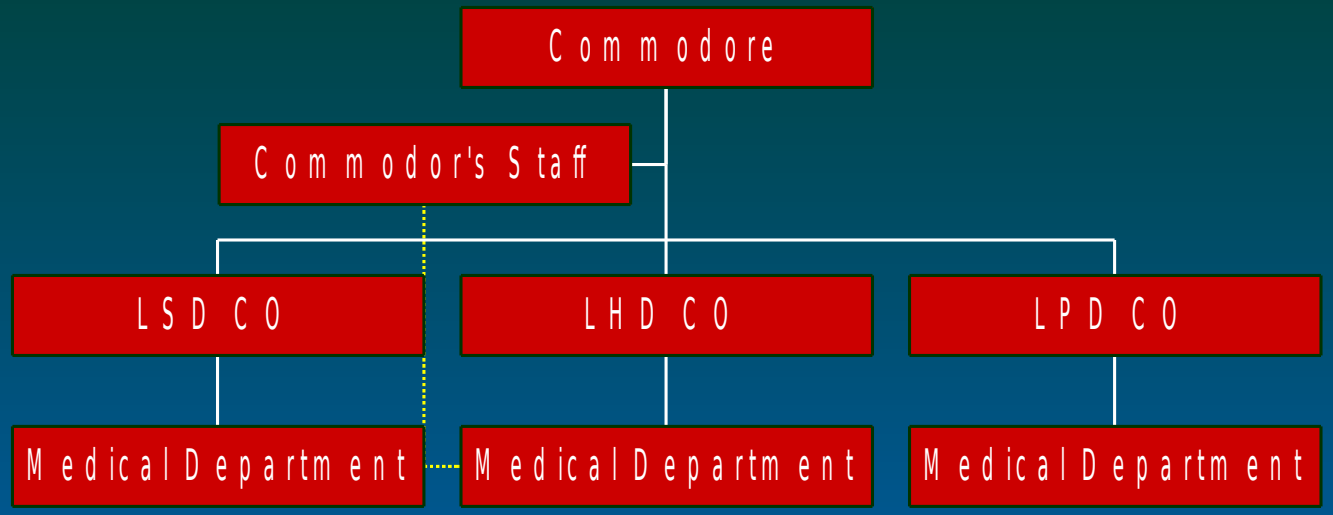


"I used to be schizophrenic. Now we're OK"

Shipboard Chain of Command



ARG Chain of Command



PHIBRON MO has QA and Blood bank direct authority.

SMO Job Description

- Department Head
- Program Manager
- Physician
- Man with a Plan

Department Head

- Administrative head of major department
- Budget / OPTAR Responsibility
- Enlisted reporting senior
- Fit Reps
- Space Responsibility (>100)
  - Markings, Lockers, PMLs,
- Supply / AMAL
- 3M - Major shipboard issue

SMO - Program Manager

- Hearing Conservation
- Heat Stress
- Immunizations
- Potable Water
- Space habitability (galley, berthing, barber shop, coffee messes)
- Pregnancy
- SAVI*
- Medical Waste
- Brig
- Asbestos
- Sight Conservation
- Radiation Health
- Pest Control
- CHT
- Training (huge program)
- Family Advocacy*
- DCTT / MTT / ITT

The Green “H”

SMO - Medical Care

- Responsible for all care provided on board ship (CO is directly charged)
- “Takes charge of those assigned to the binnacle list”
- PCM in Tricare
- Sets policy and procedures for medical department (***NOT Phibron ROLE)
- QA (Phibron MO charged with assuring that it’s done and effective)
- Occasionally sees sick people :-(

A Parallel Role Around the COC

- EVERYONE has access to ship's physician
- Chaps has similar role
- Creates a delicate balancing act

SMO - Plans / SOP

- Mass Casualty
- NEO Bill
- CBR Bill
- Battle Bill
- Skill of Department Personnel
- Care in dangerous occupational environment

SMO - A Summary

The Senior Medical Officer delivers a functional, trained, staffed, supplied, credentialed (C1) Medical Department to ship and Phibron, and is responsible for its administration and smooth operation.

III What the SMO brings to you

- Knows the ship, its politics and levers -can get things done
- Knows the people who make medical work
- Knows the limitations and holes
- His department is your largest building block - use it (but don’t try to run it)

Culp's Take on the Dual Authority at Sea

- The SMO
  - Runs Medical
  - Sets Policy and Procedure
  - Provides the Care
  - Assures CO of Care
- The PHIBRON MO:
  - Uses Medical
  - Sets the mission
  - Assures care
  - Assures Commodore of performance

BUT - One senior officer could better do both roles

IV ISSUES

- Herding Cats (and Dogs)
- Rank Inversion
- Integration (don’t impede it!)
  - Don’t write evals / fit reps
  - OIC “control” (2 masters)
- Parallel chains of command

Notional Training Cycle

- CART II
- TSTA 1,2,3
- FEP
- Credentialing (ECERT, AVCERT, MRE)
- TCAT
- PMINT
- MEUEX
- JTFX
- SOCEX
- DEPLOY

The End

- SMO MUST support Phibron MO
- Phibron MO must support SMO
- You are the Commodore - you “own” the fleet. I am the Captain - I own the ship. Get these roles straight at the outset or life will be painful.

Its Not All Work Out There….

Questions???